

CASTLE MEDICAL CENTER

The ureteroscope was then advanced over the guide wire up to the level of the calculus and under direct vision the guide wire was passed along side the stone and coiled in the upper calix. The uteroscope was removed and reinserted along side the guide wire up to the level of the calculus. The calculus was sequentially laser fragmented into tiny fragments utilizing the Holmium 365 fiber. After the stone was completely fragmented, the scope was easily advanced up into the renal pelvic area. The renal stones were not readily visible with the rigid scope. The scope was removed. Inspection of the ureter showed the ureter to be intact. The guide wire was then back fed onto the cystoscope, a 7 French 26 cm Polaris double J stent passed over the guide wire, positioned fluoroscopically and the guide wire removed. Coiling in the upper pole calix was noted as well as in the bladder. A tether was left for subsequently stent removal. Several of the smaller stone fragments that were previously irrigated out of the ureter were retrieved and sent for stone analysis purposes. The patient tolerated the procedure well. There were no intra or perioperative complications. He was stable throughout the operative procedure and en route to the recovery room.

DK/ITMS/rld Job # 9180

D: 11/07/2002 0854

T: 11/07/2002 1647

P: 11/08/2002 1125

Charted:

DAVID A KUCHENBECKER, M.D.

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OPERATIVE REPORT*

PATIENT: AHOLELEI, STAR V
MR #: 18-91-20
ATT PHYS: DAVID A KUCHENBECKER, M.D.
DATE: 11/07/2002
ROOM:

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